

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. | FILING DATE | | | | | | | | | | | |
|---|----------|-----|---------------------|-----|---------------------|-----|--------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| | | | | | | | APPLICANT(S) | | | | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | IND | | DEP | | IND | | DEP | | IND | | DEP | |
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